

FOREIGN ALLOWANCES APPLICATION, GRANT AND REPORT		VOUCHER NUMBER _____
6. EMPLOYEE NAME (Last, First, Middle Initial) _____		17. SOCIAL SECURITY NUMBER _____
8a. PAYMENTS/ENTITLEMENTS [Check box(es). For calculations see DSSR chapter exhibits./		FOR OFFICIAL USE ONLY
TQSA - TEMPORARY QUARTERS SUBSISTENCE ALLOWANCE - (DSSR 120)		\$ _____
Advance	Beg. Date _____ End Date _____	
Biweekly	Beg. Date _____ End Date _____	
Lump sum (upon completion)	Beg. Date _____ End Date _____	
LQA - LIVING QUARTERS ALLOWANCE - (DSSR 130)	U.S. Dollar Payment _____ Foreign Currency Payment _____	
PA - POST ALLOWANCE - (DSSR 220)		
TRANSFER ALLOWANCE: FOREIGN (DSSR 240) [ ] or HOME SERVICE (DSSR 250) [ ]		
Portion(s): Subsistence [ ] Miscellaneous [ ] Wardrobe [ ] Lease Penalty [ ]		
SMA - SEPARATE MAINTENANCE ALLOWANCE - (DSSR 260)		
EDUCATION: ALLOWANCE (DSSR 270) [ ] or TRAVEL (DSSR 280) [ ]		
PD - POST DIFFERENTIAL - (DSSR 500)		
DP - DANGER PAY - (DSSR 650) 652f [ ] or 652g [ ]		
Total Amount Claimed _____		
8b. ADVANCES		
LQA	Beg. _____ End Date _____ # of Months _____	
	U.S. Dollar Payment _____ Foreign Currency Payment _____	\$ _____
TRANSFER ALLOWANCE: Foreign [ ] or Home Service [ ]		
Portion(s): Subsistence [ ] Miscellaneous [ ] Wardrobe [ ] Lease Penalty [ ]		
ADVANCE OF PAY (DSSR 850) This advance will be repaid in _____ pay periods.		
Travel Authorization or Permanent Change of Station (PCS) Number Name of Issuing _____		
METHOD OF PAYMENT		
9a. If Electronic Funds Transfer (EFT) Mark one: [ ] Checking [ ] Savings		
FINANCIAL INSTITUTION NAME		FINANCIAL INSTITUTION MAILING ADDRESS
ROUTING NUMBER		ACCOUNT NUMBER (including any suffix)
9b. IF BY CHECK		
CHECK MAILING STREET ADDRESS		
CHECK MAILING CITY, STATE, ZIP CODE		
20. ACCOUNTING CLASSIFICATION(S):		
<p>21. <b>Employee Statement and Signature:</b> The information given on this application is true and correct to the best of my knowledge<sup>3</sup> and belief. I also understand that I am obligated to notify the authorizing office immediately of any change in conditions which may affect the amount of allowances and/or differential authorized herein. I also understand that false statements made to the United States on this form may subject me to criminal penalties (including fines and imprisonment) under 18 U.S.C. 287 and 1001 and/or civil penalties under 31 U.S.C. 3729 or administrative penalties under 31 U.S.C. 3802. I understand if my employment is terminated prior to liquidation of any of these advances, any outstanding amount is due and payable immediately.</p>		
EMPLOYEE'S SIGNATURE: _____		DATE: _____
22. APPROVING/REVIEWING OFFICIAL SIGNATURE WHEN REQUIRED: _____		DATE: _____
23. CERTIFYING OFFICIAL: THE ABOVE REQUEST IS CERTIFIED AS CORRECT AND PROPER FOR PAYMENT		
AUTHORIZED CERTIFYING OFFICIAL'S SIGNATURE: _____		DATE: _____